

# PRISON RAPE ELIMINATION ACT (PREA) INCIDENT REPORT

## Cavalier County Sheriff's Office

### Instructions

Use this form to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of the Jail, allegedly by either an employee, contractor, volunteer, intern or an individual in the custody of the Jail.

Generally, this form is not required in order to report a PREA incident, see the instructions below for where to submit this form or to whom you may make a verbal report of a PREA incident. Jail Administrators are required to complete this report for any PREA incident.

Person against whom incident is being reported	Person reporting incident	Incident date	Time (am/pm)
Location of incident		Date	Time (am/pm)

### Type of Violation

Sexual Abuse against an individual in custody      By       Employee       Contractor  
 Volunteer       Intern  
 Individual in the custody of the Jail  
 Other: \_\_\_\_\_

Sexual Harassment against an individual in custody      By       Employee       Contractor  
 Volunteer       Intern  
 Individual in the custody of the Jail  
 Other: \_\_\_\_\_

### Persons

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone

### Witnesses

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of Jail <input type="checkbox"/> Other
Address	Phone

### Description of Incident

(Describe as accurately and completely as possible the events that occurred; indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)

## Description of Incident (Continued)

### Persons Notified

Jail Administrator	Title	Time (am/pm)	Date	By (Name)
Jail Staff (Name)	Title	Time (am/pm)	Date	By (Name)
Sheriff	Title	Time (am/pm)	Date	By (Name)
Chief Deputy	Title	Time (am/pm)	Date	By (Name)
State or Local Police (Name)	Title	Time (am/pm)	Date	By (Name)

### Injuries

Injury/suspected injury

To Individual in Custody  
  To Employee  
  To Visitor  
  Refused Treatment  
  Refused Evaluation

Injury severity assessment

Slight  
  Minor  
  Major  
  Undetermined

Referred to Physician for evaluation	Time (am/pm)	Date	By (Initials)	Physician name
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Completed by	Date	Time (am/pm)
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I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.

Signature	Date	Time (am/pm)
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Party receiving complaint (Include title)



**Instructions:**

This process is established to meet the requirements of the Prison Rape Elimination Act (PREA), 45 U.S.C. 15601, et seq. The Jail has zero tolerance toward all forms of sexual abuse and sexual harassment in its confinement facilities. Any Jail employee may use this form to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of the Jail, allegedly by either a Jail employee, contractor, volunteer, intern or an individual in the custody of the Jail. The completion of this form is not a required part of a report of sexual abuse or sexual harassment, except that Jail Administrators are required to complete this report for any PREA incident. Such a report may be made in any manner, at any time, to any of the following individuals:

- The highest-level supervisor assigned to the Jail confinement facility in which the alleged incident occurred;
- The Jail PREA Coordinator;
- A supervisor, manager or division executive director.

Completed incident report forms may be submitted to any of the individuals listed above. A copy of any completed form in response to an alleged violation by a Jail employee must be sent to the Cavalier County Sheriff's Office at: 901 3<sup>rd</sup> St Langdon, ND 58249. In the event that an employee makes a report without completing this form, the employee receiving the report may use the form as a guide for obtaining all relevant information from the individual making the report.

When a report is received either by way of this form or in any other manner, the employee receiving the report shall begin to initiate an investigation in accordance with the Jail PREA policy and with the relevant departmental policy, if any.